See a Social Security Number? Say Something!
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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 7/01 , 2013, and ending 6/30 , 2014

B Check if applicable.
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C
NAMI CALIFORNIA
1851 HERITAGE LANE #150
SACRAMENTO, CA 95815

D Employer Identification Number
94-2676057

E Telephone number
916-567-0163

G Gross receipts $ 3,013,138.

F Name and address of principal officer: DOROTHY HENDRICKSON
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► WWW.NAMICALIFORNIA.ORG

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 1979 M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: NAMI CALIFORNIA IS A GRASS ROOTS ORGANIZATION OF FAMILIES AND INDIVIDUALS WHOSE LIVES HAVE BEEN AFFECTED BY SERIOUS MENTAL ILLNESS. WE ADVOCATE FOR LIVES OF QUALITY AND RESPECT, WITHOUT DISCRIMINATION AND STIGMA, FOR ALL OUR CONSTITUENTS.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,204,701.	2,811,950.
	9 Program service revenue (Part VIII, line 2g)	155,341.	199,926.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,326.	1,262.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	257,500.	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,618,868.	3,013,138.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	274,508.	319,571.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	720,757.	929,500.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ► 43,100.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,293,196.	1,774,152.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,288,461.	3,023,223.
	19 Revenue less expenses. Subtract line 18 from line 12	330,407.	-10,085.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,138,364.	2,324,332.
	21 Total liabilities (Part X, line 26)	499,651.	695,704.
	22 Net assets or fund balances Subtract line 21 from line 20	1,638,713.	1,628,628.

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date 5/14/15

JESSICA CRUZ — EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PATRICIA A. FAITH	Patricia A. Faith	5/12/15		P00294123

Firm's name ► BFBA, LLP
Firm's address ► 83 SCRIPPS DRIVE, SUITE 210
SACRAMENTO, CA 95825
Firm's EIN ► 68-0000424
Phone no (916) 924-0800

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SCANNED JUN 16 2015

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 1,951,916. including grants of $ _____) (Revenue $ 1,961,756.)

CALMHSA:
SUPPORTS THE VALUES OF THE CALIFORNIA MENTAL HEALTH SERVICES ACT:COMMUNITY COLLABORATION, CULTURAL COMPETENCE, CLIENT/FAMILY-DRIVEN MENTAL HEALTH SYSTEM FOR CHILDREN, TRANSITION AGE YOUTH, ADULTS, OLDER ADULTS, FAMILY-DRIVEN SYSTEM OF CARE FOR CHILDREN AND YOUTH, WELLNESS FOCUS, INCLUDING RECOVERY AND RESILIENCE, AND INTEGRATED MENTAL HEALTH SYSTEM SERVICE EXPERIENCES AND INTERACTIONS.

4b (Code _____) (Expenses $ 174,085. including grants of $ _____) (Revenue $ 192,378.)

NAMI FAMILY-TO-FAMILY EDUCATION:
THIS COURSE PLACES EMPHASIS ON FAMILY HEALING, PROVIDING INSIGHTS INTO AND RESOLUTION OF THE PROFOUND DISTRESS EXPERIENCED BY FAMILIES AND THEIR CLOSE RELATIVES AS THEY STRUGGLE TO COPE WITH SERIOUS AND PERSISTENT MENTAL ILLNESS. THE 12-WEEK CURRICULUM OFFERS A WIDE RANGE OF INFORMATION ABOUT MENTAL ILLNESS, AND ASSISTS CAREGIVERS IN UNDERSTANDING HOW THE EXPERIENCE OF LIVING WITH MENTAL ILLNESS AFFECTS THEIR FAMILY MEMBER. THIS COURSE IS ALSO AVAILABLE IN SPANISH.

4c (Code _____) (Expenses $ 161,920. including grants of $ _____) (Revenue $ 155,031.)

NAMI PEER-TO-PEER RECOVERY EDUCATION:
THIS COURSE OFFERS PEOPLE WITH MENTAL ILLNESSES INFORMATION THAT WILL ASSIST THEM IN LEARNING HOW TO "LIVE WELL WITH MENTAL ILLNESS." THE NINE-WEEK PROGRAM USES A COMBINATION OF LECTURE, INTERACTIVE EXERCISES AND STRUCTURED GROUP PROCESS TO PROMOTE AWARENESS, PROVIDE INFORMATION, AND OFFER OPPORTUNITIES TO REFLECT ON THE IMPACT OF MENTAL ILLNESS AS IT EXPRESSES ITSELF UNIQUELY THROUGH EACH PARTICIPANT'S LIFE. THE CURRICULUM INCLUDES COMPREHENSIVE INFORMATION ON THE BIOLOGICAL BASES OF MENTAL ILLNESS; PERSONAL AND INTERPERSONAL AWARENESS; EFFECTIVENESS AND COPING SKILLS; RELAPSE PREVENTION; AND INFORMATION ON ADDICTIONS, SPIRITUALITY, AND BASIC SELF CARE. THIS COURSE IS ALSO PROVIDED IN SPANISH.

4d Other program services (Describe in Schedule O.) SEE SCHEDULE O

(Expenses $ 553,949. including grants of $ _____) (Revenue $ 517,391.)

4e Total program service expenses ► 2,841,870.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X.*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If 'Yes,' complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If 'Yes,' complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 14		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If 'Yes,' enter the name of the foreign country ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	14b		

Part VI Governance, Management and Disclosure *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders? SEE SCHEDULE O	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?. SEE SCHEDULE O	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? SEE SCH O	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done* . SEE SCHEDULE O	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	15a	X	
b	Other officers of key employees of the organization SEE SCHEDULE O.	15b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► JESSICA CRUZ 1851 HERITAGE LANE SACRAMENTO CA 95815 (916) 567-0163

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of 'key employee '
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOROTHY HENDRICKSON	4									
PRESIDENT	0	X		X				0.	0.	0.
(2) SHANNON PETERSON	4									
BOARD MEMBER	0	X						0.	0.	0.
(3) AMANDA LIPP	4									
BOARD MEMBER	0	X						0.	0.	0.
(4) RANDY BECKX	4									
BOARD MEMBER	0	X						0.	0.	0.
(5) GUY QVISTGAARD	4									
BOARD MEMBER	0	X						0.	0.	0.
(6) JUAN GARCIA	4									
BOARD MEMBER	0	X						0.	0.	0.
(7) SERGIO AGUILAR-GAXIOLA	4									
FIRST VP	0	X		X				0.	0.	0.
(8) KENTON RAINEY	4									
BOARD MEMBER	0	X						0.	0.	0.
(9) RATAN BHAVNANI	4									
TREASURER	0	X		X				0.	0.	0.
(10) MAY FARR	4									
SECRETARY	0	X		X				0.	0.	0.
(11) ROGER GREENBAUM	4									
BOARD MEMBER	0	X						0.	0.	0.
(12) SHANNON JACCARD	4									
SECOND VP	0	X		X				0.	0.	0.
(13) JESSICA CRUZ	40									
EXECUT DIRECTOR	0			X				94,736.	0.	2,059.
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								94,736.	0.	2,059.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								94,736.	0.	2,059.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ► 0

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
UNION PAN ASIAN COMMUNITIES (UPAC) 1031 25TH STREET SAN DIEGO, CA 92	CONSULTING SERVICES	511,234.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ► 1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,684,728.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	127,222.			
	g Noncash contributions included in lines 1a-1f: $		450.			
	h **Total.** Add lines 1a-1f		2,811,950.			
PROGRAM SERVICE REVENUE		Business Code				
	2a CONFERENCE REVENUE	611710	140,086.			140,086.
	b MEMBERSHIP DUES	624100	59,840.			59,840.
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		199,926.			
	3 Investment income (including dividends, interest and other similar amounts)		1,262.			1,262.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
OTHER REVENUE	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less. direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d					
	12 **Total revenue.** See instructions		3,013,138.	0.	0.	201,188.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	319,571.	319,571.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	107,253.	85,802.	21,451.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	642,350.	534,804.	86,352.	21,194.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,819.	7,328.	1,305.	186.
9 Other employee benefits	104,665.	71,014.	30,396.	3,255.
10 Payroll taxes	66,413.	52,007.	11,834.	2,572.
11 Fees for services (non-employees):				
a Management				
b Legal	18,481.		18,481.	
c Accounting	21,979.		21,979.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) SCH O	1,073,117.	1,056,490.	16,342.	285.
12 Advertising and promotion	21,423.	20,649.	774.	
13 Office expenses	68,090.	34,161.	21,692.	12,237.
14 Information technology				
15 Royalties				
16 Occupancy	59,601.		59,601.	
17 Travel	180,258.	158,076.	22,182.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	148,237.	137,983.	10,254.	
20 Interest	55.		55.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,776.		11,776.	
23 Insurance	5,425.		5,425.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a TRAINING	100,906.	99,163.	1,743.	
b FOOD & BEVERAGE	26,090.	24,849.	1,241.	
c EQUIPMENT COSTS	7,650.		7,650.	
d COMPUTER SERVICE	7,335.	2,300.	5,035.	
e All other expenses	23,729.	237,673.	-217,315.	3,371.
25 Total functional expenses. Add lines 1 through 24e	3,023,223.	2,841,870.	138,253.	43,100.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing	1,428,468.	1	1,856,045.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	638,014.	4	410,866.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	43,452.	9	34,847.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D — 10a: 110,573.			
	b	Less: accumulated depreciation — 10b: 87,999.	28,430.	10c	22,574.
	11	Investments — publicly traded securities		11	
	12	Investments — other securities See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,138,364.	16	2,324,332.
LIABILITIES	17	Accounts payable and accrued expenses	406,710.	17	622,794.
	18	Grants payable		18	
	19	Deferred revenue	83,955.	19	67,844.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	8,986.	25	5,066.
	26	**Total liabilities.** Add lines 17 through 25	499,651.	26	695,704.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,636,058.	27	1,628,628.
	28	Temporarily restricted net assets	2,655.	28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,638,713.	33	1,628,628.
	34	Total liabilities and net assets/fund balances	2,138,364.	34	2,324,332.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,013,138.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,023,223.
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,085.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,638,713.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,628,628.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII. ☐

		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► **Attach to Form 990 or Form 990-EZ.**

► **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
NAMI CALIFORNIA	94-2676057

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state.

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III — Functionally integrated **d** ☐ Type III — Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11 g (i)**	
(ii)	A family member of a person described in (i) above?	**11 g (ii)**	
(iii)	A 35% *controlled entity of a person described in (i) or (ii) above?*	**11 g (iii)**	

h Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U S ? Yes	(vi) No	(vii) Amount of monetary support
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,905,922.	1,023,317.	1,588,590.	2,264,891.	2,871,790.	9,654,510.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	1,905,922.	1,023,317.	1,588,590.	2,264,891.	2,871,790.	9,654,510.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 **Public support.** Subtract line 5 from line 4						9,654,510.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,905,922.	1,023,317.	1,588,590.	2,264,891.	2,871,790.	9,654,510.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	478.	29,343.	6,166.	732.	1,262.	37,981.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 **Total support.** Add lines 7 through 10						9,692,491.

12 Gross receipts from related activities, etc (see instructions) . . . . . 12 687,803.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.61 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.53 %

16a **33-1/3% support test – 2013.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ► ☒

b **33-1/3% support test – 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . ► ☐

17a **10%-facts-and-circumstances test – 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization . . ► ☐

b **10%-facts-and-circumstances test – 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . ► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total Support.** (Add lns 9,10c, 11 and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests – 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**
► **See separate instructions.** ► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545 0047

2013

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations· Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
NAMI CALIFORNIA	94-2676057

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures .... ► $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► $ 0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► $ 0.

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4 a Was a correction made? ☐ Yes ☐ No

b If 'Yes,' describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) , except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► $

3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► ☐ if the filing organization checked box A and 'limited control' provisions apply

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	18,603.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	37,171.	
c Total lobbying expenditures (add lines 1a and 1b)	55,774.	0.
d Other exempt purpose expenditures	3,023,223.	
e Total exempt purpose expenditures (add lines 1c and 1d)	3,078,997.	0.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns	303,950.	
g Grassroots nontaxable amount (enter 25% of line 1f)	75,988.	0.
h Subtract line 1g from line 1a If zero or less, enter -0-	0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying non-taxable amount	194,524.	239,544.	264,423.	303,950.	1,002,441.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,503,662.
c Total lobbying expenditures	44,605.	64,269.	61,953.	55,774.	226,601.
d Grassroots nontaxable amount	48,631.	59,886.	66,106.	75,988.	250,611.
e Grassroots ceiling amount (150% of line 2d, column (e))					375,917.
f Grassroots lobbying expenditures.	6,252.	59,386.	56,412.	18,603.	140,653.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

NAMI CALIFORNIA

Employer identification number

94-2676057

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____
(ii) Assets included in Form 990, Part X ► $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► $ _____
b Assets included in Form 990, Part X ► $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► _____ %
- c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	110,573.		87,999.	22,574.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			►	22,574.

Part VII Investments – Other Securities. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 12.)* ►		

Part VIII Investments – Program Related. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	

Part X Other Liabilities.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	5,066.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	5,066.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,013,138.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,013,138.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*		5	3,013,138.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,023,223.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,023,223.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*		5	3,023,223.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
► Attach to Form 990.
► Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

NAMI CALIFORNIA

Employer identification number

94-2676057

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NAMI - LACC 3250 WILSHIRE BLVD #1501 LOS ANGELES, CA 90010	95-4049720		29,270.	365.	COST	PRESENTATION SUPPLIES	COORDINATION / STIPEND
(2) NAMI - MT SAN JACINTO PO BOX 716 SAN JACINTO, CA 92581	95-3709350		5,055.	0.			COORDINATION / STIPEND
(3) NAMI - ORANGE 1810 E. 17TH ST SANTA ANA, CA 92705	95-3726369		29,950.	2,000.	COST	PRESENTATION SUPPLIES	COORDINATION / STIPEND
(4) NAMI - SAN FRANCISCO 315 MONTEREY ST. 2ND FL SAN FRANCISCO, CA 94104	94-2914709		22,106.	615.	COST	PRESENTATION SUPPLIES	COORDINATION / STIPEND
(5) NAMI - STANISLAUS PO BOX 4120 MODESTO, CA 95352	77-0412286		32,076.	1,863.	COST	PRESENTATION SUPPLIES	COORDINATION / STIPEND
(6) NAMI - VENTURA PO BOX 1613 CAMARILLO , CA 93011	77-0037450		31,530.	0.			COORDINATION / STIPEND
(7) NAMI BUTTE COUNTY PO BOX 1634 CHICO, CA 95927	68-0414598		22,980.	0.			COORDINATION / STIPEND
(8) NAMI SACRAMENTO 3440 VIKING DR. #104A SACRAMENTO, CA 95827	94-2861509		22,160.	967.	COST	PRESENTATION SUPPLIES	COORDINATION / STIPEND

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ► 12

3 Enter total number of other organizations listed in the line 1 table . . . . . ► 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2013

Name of the organization

NAMI CALIFORNIA

Employer identification number

94-2676057

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI SAN DIEGO 5095 MURPHY CANYON RD. #320 SAN DIEGO, CA 92123	33-0122462		23,570.				COORDINATION / STIPEND
NAMI SANTA CLARA 1150 S. BASCON AVE #24 SAN JOSE, CA 95128	94-2430956		28,800.				COORDINATION / STIPEND
NAMI SONOMA PO BOX 15269 SANTA ROSA, CA 95402	68-0041644		20,360.				COORDINATION / STIPEND
NAMI -WESTSIDE LOS ANGELES 921 WESTWOOD BLVD, STE 236 LOS ANGELES, CA	26-2118750		40,953.				COORDINATION / STIPEND

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: NAMI CALIFORNIA

Employer identification number: 94-2676057

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

NAMI CALIFORNIA IS A GRASS ROOTS ORGANIZATION OF FAMILIES AND INDIVIDUALS WHOSE LIVES HAVE BEEN AFFECTED BY SERIOUS MENTAL ILLNESS. WE ADVOCATE FOR LIVES OF QUALITY AND RESPECT, WITHOUT DISCRIMINATION AND STIGMA, FOR ALL OUR CONSTITUENTS. WE PROVIDE LEADERSHIP IN ADVOCACY, LEGISLATION, POLICY DEVELOPMENT, EDUCATION AND SUPPORT THROUGHOUT CALIFORNIA.

PROGRAMS AND SERVICES - OVERVIEW:

NAMI CALIFORNIA HAS 67 AFFILIATES THROUGHOUT THE STATE OF CALIFORNIA. EACH OF THE AFFILIATES HAS DIFFERENT NEEDS BASED ON ITS SIZE, LOCATION, AND AVAILABILITY OF COMMUNITY RESOURCES. EACH OF THE AFFILIATES HOLDS REGULAR MEETINGS, OFFERS EDUCATION AND SUPPORT PROGRAMS FOR FAMILIES AND CONSUMERS, AND PROVIDES DIFFERENT TYPES OF COMMUNITY EDUCATION (SPEAKER'S BUREAU, EDUCATIONAL MATERIAL, ETC). IN ADDITION, EACH AFFILIATE OFFERS OTHER EDUCATION PROGRAMS BASED ON WHERE IT IS LOCATED, ITS SIZE (FROM 10 TO APPROXIMATELY 500 MEMBERS), ITS EXISTING COMMUNITY RESOURCES, AND THE RESOURCES AVAILABLE TO THE AFFILIATE. IN ORDER TO APPROPRIATELY SUPPORT THE AFFILIATES, IT IS ESSENTIAL THAT NAMI CALIFORNIA SUPPORTS WHAT THE AFFILIATES ARE DOING AND ASSISTS THEM, WHENEVER POSSIBLE, IN CARRYING OUT THEIR GOALS. NAMI CALIFORNIA, THEREFORE, OFFERS A RANGE OF PROGRAMS AND SERVICES THAT EVERY AFFILIATE MAY ELECT TO PROVIDE AT A LOCAL LEVEL. NAMI CALIFORNIA IS VERY ACTIVE IN SEEKING FUNDING TO MAKE ALL PROGRAMS AVAILABLE TO EVERY AFFILIATE.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

WEB CONTRACTS: "ONE-STOP SURFING" IS PROVIDED FOR INDIVIDUALS LIVING WITH SERIOUS MENTAL ILLNESSES, THEIR FAMILIES, MENTAL HEALTH PROFESSIONALS AND THE GENERAL PUBLIC. THE INFORMATION IS PROVIDED IN 5 LANGUAGES, 24 HOURS, AND 7 DAYS A WEEK.

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

WORKING WELL TOGETHER (WWT):

THE WORKING WELL TOGETHER TRAINING AND TECHNICAL ASSISTANCE CENTER ("WWT TAC") SUPPORTS THE VISION OF THE MENTAL HEALTH SERVICES ACT TO TRANSFORM SYSTEMS TO BE CLIENT AND FAMILY-DRIVEN. WWT TAC SUPPORTS THE SUSTAINED DEVELOPMENT OF CLIENT, FAMILY MEMBER, AND PARENT/CAREGIVER EMPLOYMENT WITHIN EVERY LEVEL OF THE PUBLIC MENTAL HEALTH WORKFORCE.

CONFERENCE: THIS ANNUAL EVENT ATTRACTS MORE THAN 600 PEOPLE TO BRING FORTH INFORMATION ABOUT TREATMENT MODALITIES THAT FOSTER RECOVERY, SELF-HELP PROGRAMS, AND FAMILY/COMMUNITY SUPPORT SERVICE.

NAMI SUPPORT GROUPS:

THE NAMI SUPPORT GROUP MODEL OFFERS A SET OF KEY STRUCTURES AND GROUP PROCESSES FOR FACILITATORS TO USE IN COMMON SUPPORT GROUP SCENARIOS. FACILITATOR TRAINING IS AVAILABLE.

NAMI BIKES:

NAMI BIKES IS A CYCLING FUNDRAISER PUT ON THROUGH NAMI NATIONAL IN COORDINATION WITH STATE NAMI AFFILIATES TO RAISE MONEY AND AWARENESS ABOUT STIGMA AND DISCRIMINATION AROUND MENTAL ILLNESS. THESE EVENTS OCCUR ACROSS THE NATION AND HELP TO ENGAGE A DIFFERENT GROUP OF PEOPLE THAN THE CURRENT WALK PROGRAM.

NAMI PROVIDER EDUCATION:

THIS PROGRAM IS DESIGNED FOR MENTAL HEALTH SERVICE PROVIDERS AND THEIR STAFF AND IS CO-TAUGHT BY CONSUMERS, PROFESSIONALS, AND FAMILY MEMBERS. THIS 10-WEEK COURSE PRESENTS A PENETRATING, SUBJECTIVE VIEW OF FAMILY AND CONSUMER EXPERIENCES TO

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

PROVIDERS AND LINE STAFF AT PUBLIC AGENCIES WHO WORK DIRECTLY WITH PEOPLE WITH SEVERE AND PERSISTENT MENTAL ILLNESS. THE COURSE REFLECTS A NEW KNOWLEDGE BASE, THE "LIVED EXPERIENCES" OF COPING WITH MENTAL ILLNESS OR CARING FOR SOMEONE WHO STRUGGLES WITH THIS LIFE-LONG CHALLENGE.

NAMI BASICS EDUCATION PROGRAM:

THIS SIGNATURE EDUCATION PROGRAM IS FOR PARENTS AND OTHER CAREGIVERS OF CHILDREN AND ADOLESCENTS LIVING WITH MENTAL ILLNESS. THE COURSE IS TAUGHT BY TRAINED TEACHERS WHO ARE THE PARENT OR OTHER CAREGIVERS OF INDIVIDUALS WHO DEVELOPED THE SYMPTOMS OF MENTAL ILLNESS PRIOR TO THE AGE OF 13 YEARS. THE SIX 2½ HOUR CLASSES OF INSTRUCTIONAL MATERIAL, DISCUSSIONS, AND INTERACTIVE EXERCISES ASSIST PARENTS OF CHILDREN AND ADOLESCENTS IN UNDERSTANDING MENTAL ILLNESSES AND EMPOWERS THEM TO BECOME EFFECTIVE ADVOCATES FOR THEIR CHILDREN. ALL INSTRUCTION AND COURSE MATERIALS ARE FREE TO CLASS PARTICIPANTS.

HAND-TO-HAND:

THIS NINE-WEEK COURSE IS DESIGNED TO SUPPORT THE FAMILIES OF CHILDREN AND ADOLESCENTS WHEN THEIR CHILD IS NEWLY DIAGNOSED WITH A MENTAL ILLNESS. WHEN A FAMILY ENTERS THIS WORLD, IT IS FACED WITH NEW PROFESSIONALS, NEW TREATMENT, NEW MEDICATIONS, NEW SCHOOL PROGRAMS, AND EVEN A NEW LANGUAGE THAT IT MUST UNDERSTAND IN ORDER TO ASSIST ITS CHILD IN RECEIVING THE BEST POSSIBLE SERVICES. HAND-TO-HAND TEACHES ABOUT THE ILLNESS, THE TREATMENTS, AND THE MEDICATIONS. THE KEY FOR PARENTS IS THEY LEARN ABOUT LOCAL RESOURCES AND HOW TO UTILIZE THOSE RESOURCES IN BEHALF OF THEIR CHILD AND THEIR FAMILY. THIS COURSE IS AVAILABLE IN SPANISH.

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

HEARTS AND MINDS:

RESEARCH HAS DEMONSTRATED THAT PEOPLE LIVING WITH SEVERE PSYCHIATRIC CONDITIONS MAY HAVE AN INCREASED RISK OF HEART DISEASE AND RELATED CONDITIONS. THIS EDUCATION PROGRAM INCLUDES A 13-MINUTE INSPIRATIONAL VIDEO TAPE AND A 24-PAGE EDUCATIONAL BOOKLET. THE PROGRAM RAISES AWARENESS AND PROVIDES INFORMATION ON DIABETES, DIET, EXERCISE, SMOKING, ADDICTIONS, RECOVERY, STIGMA, AND TREATMENT. PARTICIPANTS LEARN ABOUT HEALTHY, ACCESSIBLE AND AFFORDABLE LIFESTYLE CHANGES DESIGNED TO REDUCE CARDIAC RISK AMONG PEOPLE WITH MENTAL ILLNESS. THE PROGRAM IS DESIGNED TO MAKE PEOPLE WANT TO GET MOVING; AND TO CHANGE THE THINGS THEY CAN CHANGE, IN ORDER TO HAVE A HEALTHIER LIFE.

IN OUR OWN VOICE: LIVING WITH MENTAL ILLNESS:

IN OUR OWN VOICE (IOOV) IS A UNIQUE PUBLIC EDUCATION PROGRAM IN WHICH TWO TRAINED CONSUMER SPEAKERS SHARE COMPELLING STORIES ABOUT LIVING WITH MENTAL ILLNESS AND ACHIEVING RECOVERY. IOOV IS AN OPPORTUNITY FOR THOSE WHO HAVE STRUGGLED WITH MENTAL ILLNESS TO GAIN CONFIDENCE AND TO SHARE THEIR INDIVIDUAL EXPERIENCES OF RECOVERY AND TRANSFORMATION. IOOV PRESENTATIONS ARE GIVEN TO CONSUMER GROUPS, STUDENTS, LAW ENFORCEMENT OFFICIALS, EDUCATORS, PROVIDERS, FAITH COMMUNITY MEMBERS, POLITICIANS, PROFESSIONALS, INMATES, AND INTERESTED CIVIC GROUPS.

MIAW (MENTAL ILLNESS AWARENESS WEEK):

ESTABLISHED IN 1990 BY CONGRESS, THE FIRST WEEK OF OCTOBER IS DESIGNATED AS MENTAL ILLNESS AWARENESS WEEK. EVERY OCTOBER, THIS NAMI TRADITION PRESENTS AT ALL LEVELS OF THE NAMI ORGANIZATION - NATIONAL, STATE, AND LOCAL - THROUGH A VARIETY OF OUTREACH, EDUCATIONAL, AND ADVOCACY EFFORTS.

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

PARENTS AND TEACHERS AS ALLIES:

PARENTS AND TEACHERS AS ALLIES IS AN IN-SERVICE MENTAL HEALTH EDUCATION PROGRAM FOR SCHOOL PROFESSIONALS. THIS ONE TO TWO-HOUR IN-SERVICE PROGRAM FOCUSES ON HELPING SCHOOL PROFESSIONAL AND FAMILIES WITHIN THE SCHOOL COMMUNITY BETTER UNDERSTAND THE EARLY WARNING SIGNS OF MENTAL ILLNESS IN CHILDREN AND ADOLESCENTS AND HOW BEST TO INTERVENE SO THAT YOUTH WITH MENTAL HEALTH TREAMENT NEEDS ARE LINKED WITH SERVICES. IT ALSO COVERS THE LIVED EXPERIENCE OF MENTAL ILLNESS AND HOW SCHOOLS CAN BEST COMMUNICATE WITH FAMILIES ABOUT MENTAL ILLNESS HELATH RELATED CONCERNS.

NAMI CONNECTION:

THIS ONGOING SUPPORT GROUP FOR PEOPLE FACING THE CHALLENGES OF RECOVERING FROM A SEVERE AND A PERSISTENT MENTAL ILLNESS PROVIDES A FORUM IN WHICH PEOPLE WITH MENTAL ILLNESS LEARN FROM EACH OTHERS' EXPERIENCES, SHARE COPING STRATEGIES, AND OFFER EACH OTHER ENCOURAGEMENT, UNDERSTANDING, AND SUPPORT. MANY MENTAL HEALTH CONSUMERS ARE ISOLATED BY THEIR ILLNESS. THE SUPPORT GROUP OFFERS A POWERFUL HEALING PROCESS AS EACH INDIVIDUAL DISCOVERS THAT THEY ARE NOT ALONE AND THAT THEY HAVE PEERS WHO UNDERSTAND THEIR EXPERIENCES AND CONCERNS.

ENDING THE SILENCE:

ENDING THE SILENCE IS A 50-MINUTE PROGRAM DESIGNED FOR HIGH SCHOOL AUDIENCES AND IS TYPICALLY PRESENTED IN THE FRESHMAN/SOPHOMORE HEALTH CLASSES DURING THE MENTAL HEALTH PORTION OF THE CURRICULUM. THIS TRANSFORMATIONAL PROGRAM IS DEVOTED TO GIVING STUDENTS AN OPPORTUNITY TO LEARN ABOUT MENTAL ILLNESS THROUGH AN INFORMATIVE POWERPOINT, SHORT VIDEOS, AND PERSONAL TESTIMONY. THROUGH THE PRESENTATION, STUDENTS LEARN SYMPTOMS AND INDICATORS OF MENTAL ILLNESS AND ARE GIVEN IDEAS ABOUT HOW TO HELP THEMSELVES, FRIENDS, OR FAMILY MEMBERS WHO MAY BE IN NEED OF SUPPORT.

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

PROVIDER EDUCATION:

PROVIDER EDUCATION IS A 5-WEEK COURSE THAT PRESENTS A PENETRATING, SUBJECTIVE VIEW OF FAMILY AND CONSUMER EXPERIENCES WITH SERIOUS MENTAL ILLNESS TO LINE STAFF AT PUBLIC AGENCIES WHO WORK DIRECTLY WITH PEOPLE EXPERIENCING SEVERE AND PERSISTENT MENTAL ILLNESSES. THE COURSE HELPS PROVIDERS REALIZE THE HARDSHIPS THAT FAMILIES AND CONSUMERS FACE AND APPRECIATE THE COURAGE AND PERSISTENCE IT TAKES TO LIVE WITH AND RECOVER FROM MENTAL ILLNESS.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

THE AUTHORIZED NUMBER OF DIRECTORS SHALL BE AS SET BY RESOLUTION OF THE DIRECTORS, BUT NOT LESS THAN TWELVE (12) OR MORE THAN THIRTEEN (13). EACH DIRECTOR SHALL HOLD OFFICE FOR A TERM OF THREE (3) YEARS AND UNTIL HIS SUCCESSOR SHALL HAVE BEEN ELECTED AND QUALIFIED. NO DIRECTOR SHALL SERVE MORE THAN TWO (2) FULL CONSECUTIVE TERMS. ANY FORMER DIRECTOR MAY SERVE AGAIN AFTER AN ABSENCE OF ONE (1) YEAR. A PARTIAL TERM IS NOT COUNTED TOWARD THE TWO FULL CONSECUTIVE TERMS. THE BOARD OF DIRECTORS SHALL BE NAMI CALIFORNIA MEMBERS AND CONSIST OF AT LEAST SEVENTY FIVE (75) PERCENT PERSONS WHO HAVE OR HAVE HAD MENTAL ILLNESS, OR PARENTS OR OTHER RELATIVES OF PERSONS WITH A MENTAL ILLNESS.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

ALL NAMI CALIFORNIA MEMBERS IN GOOD STANDING (MEMBERSHIP DUES CURRENT) ARE ELIGIBLE TO VOTE. ONE VOTE MAY BE CAST PER MEMBERSHIP. TO BE IN GOOD STANDING, A MEMBER'S ANNUAL DUES MUST BE RECEIVED AND REPORTED TO NAMI CALIFORNIA BY THE MEMBER'S AFFILIATE BY JUNE 20TH OF EACH YEAR.

MANNER OF VOTING: ELECTION BALLOTS FOR THE NAMI CALIFORNIA BOARD OF DIRECTORS MAY BE CAST BY MEMBERS IN THREE WAYS:

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FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY (CONTINUED)

- IN PERSON AT THE ANNUAL CONFERENCE.

- BY MAILING THE OFFICIAL BALLOT SO IT IS RECEIVED NO LATER THAN 7 DAYS BEFORE THE ANNUAL CONFERENCE AND MEETING BEGINS.

- BY ELECTRONIC BALLOT VIA THE NAMI CALIFORNIA WEBSITE NO LATER THAN 5 DAYS BEFORE THE ANNUAL CONFERENCE AND MEETING BEGINS.

- CUMMULATIVE VOTING SHALL NOT BE PERMITTED.

QUORUM: TEN (10%) PERCENT OF THE MEMBERS ELIGIBLE TO VOTE, THOSE PRESENT IN PERSON AND THOSE REPRESENTED BY A VALID AND TIMELY BALLOT, SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF NAMI CALIFORNIA BUSINESS AT THE BUSINESS MEETING OF THE ANNUAL CONFERENCE. AN AFFIRMATIVE VOTE BY A MAJORITY OF ELIGIBLE VOTING MEMBERS REPRESENTED AT THE MEETING SHALL CONSTITUTE AN ACT OF THE MEMBERS.

APPOINTMENT OF BOARD MEMBERS IF NO QUORUM IS ACHIEVED:

- IF NO QUORUM OF ELIGIBLE VOTERS IS ACHIEVED, THE CURRENT BOARD OF DIRECTORS WILL APPOINT NEW DIRECTORS TO FILL ANY VACANT SEATS.

- THE BOARD WILL MEET IN CLOSED SESSION, AFTER MEMBER VOTING CONCLUDES ON SATURDAY, TO VOTE ON APPOINTING NEW BOARD MEMBERS TO VACANT SEATS. THE BOARD SHOULD BE PREPARED TO MAKE RECOMMENDATIONS, HAVING REVIEWED MATERIALS SUBMITTED BY THE CANDIDATES.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

BOARD OF DIRECTORS HOLD FOUR MEETINGS A YEAR INCLUDING THE ANNUAL MEETING TO DETERMINE NEW BOARD MEMBERS. BOARD ACTIONS INCLUDING ALL RESOLUTIONS AND MOTIONS ARE DECIDED AT THESE MEETINGS AND AT NOTICES BOARD CONFERENCE CALLS HELD BETWEEN MEETINGS.

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FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE IRS FORM 990 WILL BE REVIEWED AND APPROVED BY THE FINANCE COMMITTEE PRIOR TO MAILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

POTENTIAL CONFLICTS OF INTEREST ARE BROUGHT TO THE ATTENTION OF THE BOARD OF DIRECTORS BY THE EXECUTIVE DIRECTOR, OTHER MEMBERS OF THE BOARD OF DIRECTORS AND AFFILIATE MEMBERS. ADDITIONALLY BOARD OF DIRECTORS MUST SIGN A CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

COMPENSATION POLICY FOR EXECUTIVE DIRECTOR REQUIRES ANNUAL REVIEW OF THE PERFORMANCE AND COMPENSATION (INCLUDING BENEFITS). THE EXECUTIVE COMMITTEE WILL USE COMPARABLE DATA FROM THE NORTHERN CALIFORNIA NONPROFIT ORGANIZATIONS' ANNUAL COMPENSATION AND BENEFITS SURVEY OR OTHER OUTSIDE COMPENSATION CONSULTANTS, TO DETERMINE SALARY AND BENEFITS. THE BOARD OF DIRECTORS THEN APPROVES THE ANNUAL EVALUATION AND SALARY ADJUSTMENT.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

COMPENSATION POLICY REQUIRES ANNUAL REVIEW OF THE PERFORMANCE AND COMPENSATION (INCLUDING BENEFITS). THE EXECUTIVE COMMITTEE WILL USE COMPARABLE DATA FROM THE NORTHERN CALIFORNIA NONPROFIT ORGANIZATIONS' ANNUAL COMPENSATION AND BENEFITS SURVEY OR OTHER OUTSIDE COMPENSATION CONSULTANTS, TO DETERMINE SALARY AND BENEFITS. THE BOARD OF DIRECTORS THEN APPROVES THE ANNUAL EVALUATION AND SALARY ADJUSTMENT.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE FOLLOWING DOCUMENTS WILL BE MADE AVAILABLE TO THE GENERAL PUBLIC UP REQUEST AT THE ADMINISTRATIVE OFFICES: IRS FORM 1023, NAMI CALIFORNIA GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ANNUAL AUDIT AND ANNUAL REPORT.

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND-RAISING
CONSULTANTS	1,073,117.	1,056,490.	16,342.	285.
TOTAL	$ 1,073,117.	$ 1,056,490.	$ 16,342.	$ 285.

FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	2,841,870.	2,841,870.	PART IX, LINE 25, COL. B
GRANTS	0.	319,571.	PART IX, LINES 1-3, COL. B
REVENUE	2,826,556.	199,926.	PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ALLOCATION OF OVERHEAD COSTS		224,727.	-227,956.	3,229.
BIKES	181.	181.		
EVENT VENUE EXPENSE	700.	700.		
HUMAN RESOURCE SERVICES	3,400.		3,400.	
MEMBERSHIP DUES	154.		154.	
OTHER EXPENSES	1,356.	769.	562.	25.
PAYROLL ADMIN FEES	3,175.		3,175.	
PROMOTIONAL EXPENSE	7,137.	6,527.	610.	
REGISTRATION FEES	1,350.	305.	1,045.	
TAXES & LICENSES	376.		376.	
WORK COMP INSURANCE	5,900.	4,464.	1,319.	117.
TOTAL	$ 23,729.	$ 237,673.	$ -217,315.	$ 3,371.